

Kerry Healey Lieutenant Governor

Thomas G. Gatzunis, P.E. Commissioner

Name

Address

The Commonwealth of Massachusetts Department of Public Safety State Boxing Commission

State Boxing Commission
One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618
Phone (617) 727-3200 Ext. 25257

Fax (617) 727-5732

State

Zip Code

Nicholas P. Manzello Chairman

Bernard J. Doherty Commissioner

Gary J. Litchfield Commissioner

APPLICATION FOR SPECIAL LICENSE TO CONDUCT A BOXING, SPARRING MATCH OR EXHIBITION

Date

City

In accordance with the provisions of Chapter 147 of the general laws A FEE OF \$10.00 MUST ACCOMPANY THIS APPLICATION

Name of Organization:
Officers of Organization:
Have you or any other officer of your organization ever had a license suspended or revoked by the Massachusetts State Boxing
Commission or similar Commission in another state? Yes or No
If yes, please explain circumstances involving the suspension.
Matchmaker for this event:
City or Town in which exhibition is to be held:
Date and hour on which exhibition is to be held:
Date and hour at which weigh-in is to be held:
Name of hall or other place in which exhibition is to be held:
Address of hall:
Has hall been duly inspected and licensed? Yes or No When? By Whom?
Authorized capacity of hall or place:
Classes in which competition are to held:
Duration of each round:
I have attached documentation of a bond to the Boxing Commission in the amount of \$
I have attached documentation of accident insurance to the Boxing Commission
Name and address of officer or person responsible for payment to State Treasurer of four percent(4%) of total gross receipts:
State whether it is to be a public exhibition Yes or No
I DECLARE UNDER THE PENALTIES OF PERJURY THAT ALL STATEMENTS MADE ABOVE ARE TRUE AND COMPLETE.
Signature of Applicant:
Address:
Telephone Number: ()